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SOME FURTHER REMARKS ON THE SUGAR-HOUSE CURE FOR BRONCHIAL, DYSPEPTIC AND CONSUMPTIVE COMPLAINTS.

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[Communicated for the Boston Medical and Surgical Journal.]

NEARLY two years ago, on the 15th of September, 1852, an article, on the sugar-house cure for bronchial, dyspeptic and consumptive complaints, made its appearance in an old, well-established and highly respectable medical journal. It was published in the 7th number of the 47th volume of the Boston Medical and Surgical Journal. The original and only manuscript was forwarded to its well-known editor. It immediately attracted the attention of the daily press, but received little or no notice from the medical journals and the profession. Having forwarded it to an appropriate organ of the medical profession, the author is not responsible for its re-publication in the newspapers, or for the misprints and garbled notices taken of it. Nor is he responsible for their neglect, in some instances, of giving credit to the medical periodical in which it first appeared. It is probable that the silence of the medical journals and the extensive notice taken of it by the newspaper press, and their many misrepresentations of the article, may have induced the faculty to regard it as a humbug, and to class it with other remedies for bronchitis, dyspepsia and consumption, with which the advertising columns of the newspapers are filled.

The publication was not intended to teach patients how to cure themselves, but to call the attention of their physicians to a new and useful remedy in a certain class of rebellious complaints. The bi-chloride of mercury is a definite and sure cure for some affections, when properly used under the advice and directions of a skilful physician, who knows when and how to use it and to prepare the patient for it. It is a curative agent, which has been long before the public, with general directions in regard to its use; yet so far from patients being able to cure themselves with it, it is more than many physicians can do to use it discreetly. The same may be said of the sugar-house cure for another class of ailments; with this difference, that its virtues are less known than the virtues of mercury in the days of Paracelsus. The action of mercury in curing certain affections is more mysterious than that of the respiration of the vapor arising from boiling cane-juice in curing bronchial, dyspeptic and consumptive complaints. The medical world, from time immemorial, have been looking for some remedial agent for pulmonary affections, which could be applied immediately to the diseased organs by means of inhalation. Centuries have passed away, and still experiments are being made and time wasted with substances more or less noxious and irrespirable, to be admitted into the aërial passages by inhalation. Fortunately for the most of them, which have been tried, they could not be made to reach the lungs in the shape of vapor. Plants of a medicinal and poisonous kind, which readily impart their properties to water or alcohol, generally give off nothing to aqueous vapor. True, some substances have been found to quiet the cough and to allay irritation when inhaled in the form of vapor; but they generally do it at the expense of the vital properties—a price too high for the temporary relief they afford. The price, paid in money, for the balsam of wild cherry and other nostrums, to allay cough and bronchial irritation, is insignificant when compared to the heavy drafts made by such substances on the vital energies in compensation for the transient relief they give. Does not prussic acid and its preparations, taken into the stomach, purchase relief, in pulmonary affections, at the high price of more or less flesh, a pound in some instances, cut from " nearest the heart." There can be no question that a full dose robs the human frame of a greater portion of its vitality than the abstraction of a pound of blood. Many ingenious contrivances have of late been invented to introduce iodine, nitrate of silver and other irrespirable substances into the pulmonary organs. Whatever local benefit may be expected from their use, when directly applied to the lining membrane of the air-passages undergoing scrofulous softening, cannot fail to be more than counteracted by their tendency, like all other irrespirable substances, to impair the general health, which must be restored before the softening of tubercles and the mucous coating of the bronchial tubes can be permanently arrested. The air of close, hot rooms, like that charged with certain noxious vapors, will allay cough and irritation, but at the expense of the vital powers. Patients, subjected to such treatment, die much sooner than if they breathed a fresh pure air, uncontaminated with any foreign substance whatever. It is well known and admitted by the profession, " that everything which influences unfavorably the digestive process, tends to hasten the mal-assimilation by which tubercular conditions affect the blood." But it is not so well known, that everything which influences unfavorably the respiratory process, hastens that mal-assimilation in a much greater degree; because the influence that respiration has on nutrition is not so well known as that of digestion.

Since the article on the sugar-house cure was published, several valuable papers have appeared in the same Journal on the effects of respiration on nutrition. The author could not have read the sugar-house cure for bronchial, dyspeptic and consumptive complaints, or he would have availed himself of the ample materials that paper affords for fortifying all his weak points. Nor could Dr. Haskell, of Rockport, in the essays he has lately published in the same Journal, " *on the* *vital properties of the nerves*"; as he would have found therein some very important matter to sustain his views of the nervous system, which are certainly far in advance of the received doctrines of the day. He is treading closely in the footsteps of Dr. Bennet Dowler, who has overturned, by direct and positive experiments, the foundation of the prevalent physiological notions of the nervous system. The powerful influence of the brain and nerves in causing phthisis has been clearly proved by Dr. Baly's statistics, which show that the disease is remarkably prevalent in every climate and place where the population are subjected to the influences of depressing emotions. Prisoners, both in Europe and America, are more liable to it. Sydenham, Rush and Sir James Clarke won the most of their reputation in the treatment of consumption, by the means they used to dispel depressing emotions and to fill the mind of their patients with pleasure, hope and cheerfulness. While they scorned the expedients of quacks, to raise hopes which could never be realized, by making fallacious promises without adopting any rational measures to make the performance come up to the promise, they took good care to put into action the most effectual measures, known to the age in which they lived, to improve the quality of the blood and to restore, as far as practicable, the general health. Varied exercise in the open air—well-ventilated rooms—frequent changes of air—riding on horse-back—a nutritious diet—giving the patients a choice of those things found by experience to agree best—frictions—ablutions—remedies to correct vitiated secretions—the removal of local inflammations, and occasional tonics to brace the system, were only so many means to improve the general health by improving the quality of the blood. The best definition ever given of pulmonary consumption, was given by Dr. Benjamin Rush, when he called it an "*all-overness.*" He viewed it as a disease of the whole system, and not of any particular part. It is an *all-overness*, because it is a disease of blood origin, and of flesh origin. The flesh begins to waste and perish before tubercles form in robust constitutions free from them, and before they begin to soften in congenital tubercle.

Every sugar estate in Louisiana (Leonard Wray says every sugar estate of the world) proves the fattening qualities of the respiration of the sugar-house vapor in the rolling season. Yet the author of the able papers published in the Boston Medical and Surgical Journal, on the influence of respiration on nutrition, did not avail himself of this important fact. The influence of respiration on nutrition is not less important than the influence of nutrition (the influence of healthy blood and firm muscle) on the brain and nerves, in giving energy and tone to that system; thus counteracting the depressing influence of mental emotion in producing consumption. What good does it do to know that unavoidable misfortunes, filling the mind with sadness and grief, will cause consumption by diminishing the energy of the brain and nerves, unless the means to counteract such baneful influences on the blood and muscular system through the nerves be also known?

But apart from its connection with the cure of phthisis, the simple fact, that the respiration of the vapor arising from boiling cane-juice *will fat-*

ten, is highly important in a physiological point of view. Cod-liver oil, under certain circumstances, will fatten; but its fattening properties are far inferior and less certain than the respiration of the sugar-house vapor. Thus, Mr. M., a very lean, consumptive patient from Wetumka, Ala., fattened fifteen pounds in less than three weeks, in Col. Mansel White's sugar-house, below New Orleans, during the rolling season of 1852. This patient having been accurately weighed before going in and after coming out of the sugar-house, I took in person to the Louisiana University to exhibit to the professors. Only two were found in at the time, Profs. Riddle and Stone. I told them that I did not ask them to believe in the theory, but I *would make them believe in the steelyards*. Yet some one present suggested, that as Mr. M. was known to have a large appetite when he went to the sugar-house, it was probable that Col. Mansel White's good dinners, for he was a planter living like a prince, had some hand in assisting the vapor to fatten him. Mr. M. however declared, that although he had a ravenous appetite before he went into the sugar-house, he immediately lost it on breathing the vapor from the boiling cane-juice; and so far from eating hearty dinners, he seldom ate any dinner at all, but lived mostly on cane-juice.

The respiration of the vapor from the boiling cane-juice has increased the flesh and strength of nearly all who have tried it, as far as any authentic reports have been received—whose lungs were not like egg shells, containing large cavities. The misrepresentations of the newspapers, without anything in the medical journals to contradict them, stating that the author had asserted, "that a few hours' residence in a sugar-house was a sure cure for consumption," caused a great number of persons, in the very last stage of the disease, to flock to the sugar-houses. An intelligent planter, Mr. J. Hogan, of Ibberville, complained of the author for converting his sugar-house, and those of his neighborhood, into so many dispensaries. Many patients, unable to walk, having cavernous breathing, voice and cough, indicating cavities in the lungs—general dissemination of tubercular granules throughout those organs, as manifested by the extensive predominance of bronchial breathing and cough, with diarrhœa from the general constitutional scrofulous inflammation; softening of the mucous membranes lining the larynx and mouth—with short breath, and in the last stage of hectic fever, sought the sugar-houses—sometimes dying before they got to them or in a few days afterwards. All those in whom there was any doubt, who presented themselves to the author, were referred to auscultators of the highest reputation in the city—especially to Dr. Rouanet, late of Paris, who is quoted in the text-books on auscultation; and some to Dr. Wedderstrandt, who long had charge of the Charity Hospital of New Orleans and has paid especial attention to the physical signs in pulmonary affections. In some cases, where broncophony and pectoriloquy were among the physical signs, the patients, contrary to the expectations of the author, gained flesh and evidently improved. One patient gained four pounds in ten days, when Dr. Rouanet's auscultation, before going into the sugar-house, revealed the following physical signs, which are given in his own language :—" Au summet du poumon droit en arrière, on entend quelques craquemens secs et quelques bulbs qui se suivent en chapelet dans l'inspiration—par de bruit caverneux in cavermileux. Il y a broncophonie en cet endroit ; par de pectoriloque. Partout ailleurs le respiration est normale et exagérié comme chez les personnes maigres." The next year this patient was again auscultated, and Dr. Rouanet reported "*some amelioration.*" The sugar-house was not again tried, but a northern climate, in which the patient finally succumbed to the disease.

It was thought that the heading of the article on the sugar-house cure, where the words "*consumptive complaints*" were used instead of the word "*consumption*," would be sufficient to guard the reader against supposing that it was recommended as a cure for phthisis pulmonalis in its last stages, wherein the lungs have been greatly consumed by the softening of large tubercular masses formed in their substance. When the lungs are too much wasted away to enable the remaining portion to subserve the function of respiration, even if the cavities were emptied of their purulent contents and their parietes contracted, it would be idle to expect to find any remedy of sufficient virtue to cure the patient. Such far-advanced cases are fatal from necessity, and will continue to be fatal—nothing short of a power to make new lungs can prevent them from being fatal. Yet want of success in one such hopeless case often causes a dozen or more patients, to whom the respiration of the sugar-house vapor offers the best chances of a speedy cure, to forego the use of that most effectual remedy entirely.

When pellets of mucus obstruct the small air vessels; when the membrane lining them is thickened ; when the natural soft murmur of respiration is louder and harsher from the swollen state of the membrane lining the bronchi and from its dryness ; when the air-cells are rendered less yielding by tenacious depositions within them, causing a sibilant rhonchus, in which two or three efforts at inspiration are necessary to inflate the pulmonary organs, no matter what the disease be called, whether bronchitis, consumption, capillary congestion or inflammation, such a state of things cannot continue long without being attended with that mal-assimilation so prolific in producing tubercular degeneration, softening of the tubercular matter thus formed, wasting of the lungs, and death. When tubercles have begun to soften, humid crepitation and a clicking sound are heard, both during inspiration and expiration ; before they have softened, the sound is not humid but dry, and it is only heard during inspiration. Neither kind disappears from coughing, because depending on causes exterior to the air-cells and tubes, and not from mucus in the bronchi. The latter may give the loudest sounds, but they are seldom as formidable as less loud sounds unaltered by coughing or the fine crackling, like salt on the fire, indicative of inflammation.

In the healthy state it takes four times as long to draw in the breath as to expel it from the lungs. The insidious approaches of phthisis pulmonalis are marked by a prolongation of the expiratory murmur. It is generally advanced to the deposition of tubercular matter, when the expiratory effort to free the lungs of air is equal or nearly so to the inspiratory—and before that occurs, the benefit to be gained by inhaling the vapor of boiling cane-juice, is more certain than it is after pneumonic or tubercular matter is deposited. The second stage of the disease is then begun, the first stage having ended when the tubercular matter *begins* to be deposited, and the third when it begins to melt or soften. After the third or softening stage has made much progress, the author, so far from enticing patients to a sugar-house, with an expectation of being cured, would do all he could to keep them away. Patients, with only a piece of a lung, live longer in a cold, dry, dense atmosphere, than they do in a warm, moist and rarefied one.

The author's sense of hearing, of late years, having become very defective, has led him to other means than auscultation in forming a diagnosis in consumptive complaints. Much can be told by feeling the muscles, technically called "*handling*" by the dealers in horses and cattle. Such perfection have they acquired in this art of *handling*, that they can go into a stable in the night, and not only pick out horses or beeves of good, bad or indifferent condition, but can tell whether they are of good blood or not. Very little practice in this art, when applied to the human subject, will enable a physician to detect the various stages of consumption. The first or anæmic stage is detected by the want of elasticity and firmness in the muscles, common to all debilitated conditions of the system. But the anæmia which characterizes the first stage of consumption is distinguished by its affecting the muscles of the arms and chest, more than those of the pelvis and lower extremities. The reverse occurs in enteric affections, as strongly marked in the cholera infantum of children, in whom the glutei muscles and those of the lower limbs begin to soften and emaciate sooner than those of the upper half of the body. When exercise on foot, or in the erect posture, greatly accelerates the respiration and the pulse, it is a very sure indication that the tubercular deposites have not taken place, and the patient can be rescued with certainty from the impending evil by breathing the vapor from boiling cane-juice and drinking the syrup—with as much exercise as he can bear without too much fatigue. The second stage, or that of the deposition of tubercular matter, can be told by the patient beginning to bear fatigue and to recover his strength as soon as the tubercles begin to form. The pulse instead of being accelerated, and the respiration becoming short and hurried, as in anæmic patients under exercise prior to the tubercular deposition beginning to take place, *actually become less affected by muscular exertion than the pulse and breathing of a healthy person.* This seems to be a kind provision of nature to entice the patient to muscular exertion—one of the best remedies, in this stage of the disease, to arrest the formation of tubercular matter. But the expansion of the lungs, produced by exercise, is often insufficient of itself to effect a perfect hæmatosis, owing to the thickening and obstruction from tenacious mucosities in the lining membranes of the cells and bronchi. In such cases, the respiration of the warm, moist, fragrant, saccharine vapor, arising from boiling cane-juice, is particularly efficacious in aiding exercise to bring about a perfect hæmatosis. The blood being properly aërated, the formation of tubercles is immediately arrested.

It is believed that the vapor arising from boiling cane-juice has a specific effect on the mucous lining of the larynx and bronchial tubes. The deteriorated blood and the defective nutrition have a similar influence on the membranous lining of the aërial passages that is observed in typhoid affections of the mucous membrane of the alimentary canal. We need go no further than to the Boston Medical and Surgical Journal of the 1st March last, for evidence of the wonderful effects of brewer's yeast in the typhoid form of puerperal fever, as observed by Dr. Gideon B. Smith, of Baltimore. "While every other liquid highly charged with carbonic acid gas causes large eructations, the yeast never has such effect." (Page 95, Vol. L., No. 5, Boston Med. and Surg. Jour.) In that variety of consumption, called by Dr. Theophilus Thompson, physician to the London Hospital for Consumption, *phthisical dyspepsia*, we are assured that he found more benefit from yeast than all the alteratives and tonics previously prescribed.* "This substance," says Dr. Thompson, "originally introduced into medical use by a clergyman named Cartwright, has been considered beneficial in typhus. It often gives relief as a gargle to the sore throat of scarlatina, and its remarkable power of separating sugar from its combinations, and altering its character, might lead us to anticipate its possessing properties competent to influence favorably the digestive process and to check the mal-assimilation by which tubercular conditions affect the blood." This is very late in the day for British orthodox writers to begin to give credit to a remedy whose virtues were announced to the world during the preceding century. Perhaps, in another century, they may begin to acknowledge the virtues of another kind of yeast in the aëriform state, called *dunder*, arising from boiling cane-juice, the inhalation of which was recommended two years ago by a physician, named Cartwright, as a curative agent in bronchial, dyspeptic and consumptive complaints. "Dunder," says Leonard Wray (author of the Practical Sugar Planter, and to whom Lord Elgin, present Governor of Canada, while Governor of Jamaica, granted a premium for a work on sugar and rum manufacture, and who subsequently removed to the East Indies and wrote another work on the sugar cane, and received a vote of thanks from the Agri-horticultural Society of India, and a reward of 300 Company's Rupees), "Dunder," says Mr. Wray, "is a light, clear, slightly bitter, aromatic liquid, always best when fresh and free from acid. In a mixture of molasses it has the same effect as hops in wort." "It modifies the changes or transformations taking place during fermentation. It increases the density of the liquor, preventing violent fermentation, and keeps the liquor comparatively cool in temperature and slow in motion."

Every thousand gallons of boiling cane-juice yield about seventy gallons of skimmings. The skimmings have been carefully analyzed by Arequin, the great chemist of New Orleans, and found to consist of a peculiar natural alcohol, called *cerosie*, besides green matted albumen, woody fibre, bi-phosphate of lime, silica and water. Fermentation occurs in the skimmings—the solid parts sinking, leaving a clear liquor. This is used in setting up wash or wort. Dunder is the fermented wash after it has undergone distillation, and has been deprived of its alcohol. It is a *ferment*, and answers the same purpose to sugar planters, that yeast does to brewers. It is a substance peculiar to the sugar-cane.

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* See Thompson's Lectures on Pulmonary Consumption, pages 55—176. Philadelphia edition, 1854. Rep.

The vapor from the boiling cane-juice arises from the identical substances, which enter into the composition of the peculiar ferment called *dunder*. The ferment, called yeast, when applied directly to the throat and alimentary canal, in certain morbid conditions of the mucous membrane softened by typhus fever, and incompetent to supply the proper secretions for healthy digestion, is known to have a good effect. There is no reason, therefore, why that other ferment, called *dunder*, when applied in the form of vapor directly to the bronchial tubes and air-cells, should not have the same good effect on the softened mucous lining of the tubes and cells, enabling it to supply the proper secretions for accomplishing healthy respiration—the absence of which, causes the dry crepitation heard by the auscultator.

Analogical reasoning is not sufficient authority in medicine. The author does not rely upon it, but uses it as a legitimate weapon to make skepticism open the door to receive some facts of the wonderful virtues of the respiration of the vapor arising from boiling cane-juice in bronchial, dyspeptic and consumptive complaints, to be adduced in a succeeding number.

DR. SKINNER'S IMPROVEMENT IN SURGICAL SPLINTS.

BY GEORGE A. HINMAN, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—Believing that all real improvements, either in medicine or surgery, will be gratefully received by the profession (and that improvements are needed, none will deny), I write this to introduce to their notice, through your pages, what I think *is* a real improvement in apparatus for the treatment of fractures of the lower extremities; that is, in comparison with any which has heretofore come to my knowledge. The improvement consists, mainly, in the combination of a metallic rod with splints, or rests, made of wood, and carved so as to fit the limb, or else prepared of some flexible material that may be shaped to it, and yet sufficiently unyielding to maintain its position and keep the fractured ends of bone in apposition, like gutta percha, or a combination of gutta percha and wood; the rod at the same time keeping up the requisite amount of extension and counter-extension, and all being contrived so as to make the least possible strain upon the limb, and give other parts of the body the greatest possible chance for motion, consistently with the proper confinement of the fractured extremity.

It will no doubt be readily admitted by all who have treated such fractures, especially in private practice, that a great part of the difficulty arises from the necessarily confined and fixed position of the patient, and consequent suffering of the general health; and from the chafing and irritation caused by the constant pressure upon the same parts, necessary to keep up the proper extending and counter-extending forces. I think the apparatus I speak of, will, in a considerable degree, overcome these difficulties, by making the extension and counter-extension in a more direct line, and thus enable the surgeon to use a less amount of force, and consequently make less pressure upon any part of the limb, and also enable him to keep up the force with a freer motion of other parts of the body.

From what I have seen of treatment of fractures of the lower extremity, I have no doubt that the double inclined plane, in cases to which it is applicable, affords the patient a much easier position than any straight splint; and yet a change from the flexed or partly flexed to the straight position, or a change in the degree of flexion of the limb, either way, if it could be accomplished without danger of disarranging the fractured bones, would not only afford the patient untold relief, but would avoid that stiffness and immobility of the joints which so often remains after confinement in a fixed position long enough for fractured bones to unite. Such an opportunity is given by this improvement in fracture apparatus. It may be used as a straight splint or a double inclined plane, as occasion may require or as the surgeon may choose; or it may be changed from one to the other at any time in the treatment of the same case, without diminishing the extending force, or disarranging any of the dressings or appliances; or the degree of inclination may at any time be varied to suit the notion of the surgeon, or give relief to the patient.

Another difficulty in the treatment of these fractures, in cases where it is necessary to use a perineal strap, is, that the strap, by passing obliquely upwards and outwards, makes considerable pressure upon the bloodvessels and lymphatics of the groin, and thus obstructs the circulation in the limb, and retards the process of cure, or the union of the bones; and in cases of fracture of the neck of the femur, tends also to separate the fragments of broken bone. In the use of this improvement the direction of the perineal strap, when used, is almost directly upward, and the counter-extending force and pressure being in the same direction is not liable to the objections mentioned. Should the oblique direction, however, be desirable, from any cause, the strap may be applied so as to give it.

Another difficulty in the treatment of these fractures, with any splints with which I am acquainted, is, that the limb must be bandaged in with the same splint by which the extension is made, so that it cannot be exposed for any treatment that may be necessary, such as leeches, liniments, &c., or for examination and inspection at any time, without taking away the extending force; and by the tight bandaging necessary, the circulation is obstructed through the entire limb, and thus it is sometimes rendered very painful. In using this improvement the extension may, in almost all, if not in all, cases, be made and kept up without tight bandaging and without confining the limb to the extending rod. Counter-extension may be made by use of the perineal strap when required, or by use of adhesive straps alone when they are sufficient. As the extending force is made entirely outside the splints, or rests, the bandages may be removed for any treatment, such as leeches, liniments, or other topical applications, or examination and measurement, and the extending force all the while kept up undiminished. If the bones should at any time be found disarranged, or the limb too short, the proper appliances may be made, or the extending force increased so as to give the limb sufficient length, without deranging or removing any part of the apparatus.

This apparatus may be applied before the surgeon attempts to bring the ends of the fractured bone into coaptation, and he may do this while an assistant is making the proper extension by means of the screw. It may be applied to a fracture of any part of the lower extremity, from the neck of the femur to the ankle. By means of carved splints of different sizes and lengths, or of flexible splints, it may be applied to any sized limb, from that of a child to an adult.

It consists, as before stated, of a combination of a metallic extending rod with carved or other splints. The connection between the rod and splints is by means of two blocks, sliding upon the rod, through which blocks pass two shorter rods at right angles with the long or extending rods. and these made fast to splints carved of wood, such as manufactured at Ashfield, Ms., or splints made of other material such as each surgeon prefers. All are confined or loosened, as occasion requires, by means of thumb screws. It is, however, not at all complicated, and so far as one can judge from an examination, little liable to get out of repair. No written description, however, that I am able to make, would give an exact notion of it, and I shall not, therefore, attempt one, but leave each one to examine for himself. It is no doubt imperfect in some respects, as are all kinds of apparatus for the treatment of such fractures. It probably may, and I hope it will be, yet improved upon ; yet I think it is better adapted to the purpose for which it is designed, than anything else before the profession. It was patented in May last, by Dr. S. A. Skinner, of Brownington, Vt.

Though not very friendly to patents, either in medicine or surgery, yet I would not pass by a thing of this sort, if it had real merit, because of the exclusive right of one individual to make, use and vend it ; and such I believe this to be. After all, I know of no reason why a person has not as good a right to the exclusive use or pay for the use of the production of his own brain, in the shape of surgical apparatus, as in that of a book or anything else.

I have thus hastily and imperfectly sketched *some* of the advantages which appear to me to belong to Dr. Skinner's " improvement in surgical splints." If upon further examination and trial it should prove as good as represented, and other members of the profession should be led by this communication to such examination and trial, for themselves, I shall be satisfied, and my object in writing this attained ; for I have no object in doing it but the welfare and honor of the medical profession and the benefit of the suffering.

I will add, that this improvement has been tried in a few cases in this vicinity, and, I believe, with entirely satisfactory results.

Derby, *Vt.*, *Aug.* 27*th*, 1854.

OBSERVATIONS ON EPILEPSY.

[Continued from page 138.]

Original Cause of Epilepsy.—My own theory of epilepsy is this. It *may* be caused by direct injury of the brain; but not one in an hundred cases *is* thus caused. The original foundation of the disease is in the blood—a want of nutrition; or, of nervous energy, which always results from degenerated blood. The exciting cause is much oftener *sympathetic* than any other; and this is conveyed to the brain and spinal cord, by the *afferent* nerves. The abnormal state of the blood accounts for the *nervous diathesis* (if I may so call it; and I think we may as properly do so, as we may speak of a *scrofular diathesis*, &c.). I mean by this term, simply, what we find in a nervous patient, a general relaxation of the system. I confess the term generally comprises we know not what; and when we speak of a *nervous* disease, we virtually acknowledge our own ignorance.

The *exciting* cause may be any thing which irritates, through the nerves, the parts upon which loss of consciousness and convulsions depend. Thus, I have had cases of epilepsy which depended upon *ascarides*. Certainly five children and two adults have come under my care, where the epileptic paroxysms were caused by worms, as was proved by the removal of the epilepsy when they were destroyed; in four of which, they were destroyed by simple enemata of aqua calcis, and in the other —where they existed higher in the alimentary canal—by the administration of oleum terebinth. and oleum cajeput, with worm seed. By a similar irritation of the mucous membrane of the canal, from any other cause, as indigestible food, chronic inflammation, or acrid poisons, &c., epilepsy may be caused, as I have often found. The fact that there are found upon dissections of the bodies of those who have been epileptic, marks of disease in the mucous membrane of the intestines, has led some of the French pathologists to "localize" the seat of epilepsy there, and with quite as much propriety, in my opinion, as in the "hemispheric lobes" of the brain.

The idea of epilepsy being thus produced by irritation, is recognized by many physicians; among whom may be cited Dr. Burbaum, who reports the following cases in the Nues Repertorium.—"A boy, 15 years old, of feeble constitution, who had formerly suffered from attacks of quotidian intermittent, was seized with epilepsy. All his functions were normal, only his pulse was remarkably slow, hardly 50 in a minute, small and contracted. All the cervical vertebræ were sensitive; pressure on them causing pain in the arm, as far as the elbow joint. H. T., 21 years old, pale, but of a strong constitution, had suffered from epilepsy since childhood. Twelve days after the last attack, all the cervical and the four upper dorsal vertebræ were found painful; pressure on them caused in the eyes and throat a sensation, which forced the patient to hawk frequently." Here, it is evident the trouble or exciting cause was in the *spinal cord*.

I have had ten cases of epilepsy in young females, where it was excited by *suppressed menstruation*. In these cases it seems to be wholly through a *sympathetic* influence exerted upon the nervous centres. It is believed that this is one of the most common ways in which epilepsy is induced.

Dr. Burbaum also relates the following case of this kind. "Mrs. H., 30 years of age, of healthy appearance, had been for two years attacked with epileptic convulsions. Her menstruation had not re-appeared during the six years of her marriage, in the course of which she had borne three children. The third cervical and the eighth and ninth dorsal vertebræ were painful on pressure. Two months after this examination, menstruation appeared again. For more than eight weeks from this date she remained free from epileptic attacks. As her menses were again suppressed, they returned. All the cervical and the nine upper dorsal vertebræ were then painful. At last, the convulsive attacks ceased of their own accord."

In our opinion Dr. Carpenter has developed the cause of epilepsy in the following remarks. "There appears much reason to believe, that, although the epileptic paroxysm may be immediately excited by some peripheral irritation, &c., it is really dependent on disordered nutrition of the nervous centres, depending, it may be, upon the presence of abnormal matters in the blood." This is the cause, in our opinion, of epilepsy—*the want of strength, or of proper nutrition in the system, or poison in the blood.* Hence, we regard it as a diseased or impoverished state of the blood.

Dr. Radcliffe, of London, has given the following opinion of the nature of epilepsy. He says, "the *temperament* of epileptics shows unequivocal marks of weakness and depression. Signs of scrofula, or some other cachectic disposition—of depressed and feeble circulation, of defective nervous activity, of muscular feebleness, may always be detected—but never the signs of true plethora, or of hyper-activity in the nervous or any other system. When epilepsy has shown itself in persons distinguished by their talent and genius, it has been in the state of exhaustion induced by the exercise of that talent and genius. When it has been associated with insanity, the convulsive disorder has coincided with the intervals of *depression*, and never with the periods of quasi *excitement.*"

Dr. R.'s views of the cause, nature and treatment of epilepsy, harmonize nearer with my own than those of any other author that I have read. The writer can say, "I have found the temperament of epileptics distinguished by unequivocal marks of weakness and depression," and the other signs of a debilitated constitution, named by Dr. R.—such as scrofula, or other cachectic disposition, of depressed and feeble circulation, defective nervous activity, muscular feebleness, &c. I may also here add, that in proportion as *nervous depression and melancholy have prevailed* in these cases, the difficulty of accomplishing a cure has augmented; so that I now look upon those who present these features, accompanying the convulsions, as among the most hopeless cases; and am compelled, at the outset, to give an unfavorable prognosis in their cases. The muscular and nervous systems are depressed, both before and after the convulsions. The sad, moody, silent and still state of the patient *before* the fit, indicates an inactive state of the brain. The corpora quadrigemina, pons varolii, medulla oblongata and ganglionic centres, with the spinal cord, are also in an inactive state. I have often thought that, in many of the patients who have come under my care, epilepsy existed *without any local disease* to cause it. In a word, I may say, I believe epilepsy is caused by *debility*, arising from impure blood; but the disease is developed by many exciting causes. The blood, which is "the life," is diseased or poisoned. The convulsion, or the paroxysm, may be *excited* by an hundred causes; but *the* cause, the real foundation (and what perpetuates the trouble) lies back of all this—a *prostration* of the system, a general *want of nutrition*, or a *degeneration* of the blood, without a due supply of which, both in quantity and quality, depositing its appropriate *cell-work* at every fibre of the organism, the body must deteriorate. "He needs (says Dr. Radcliffe) to study physiology and pathology anew, who does not know that muscular contraction is always the *withdrawal* of nervous and other stimuli which appertain to the muscles; and never the result of the communication, or importation of these stimuli." These facts being clearly established, as the cause of epilepsy, we may well ask, how long will it take to remove this cause, and thus take away the effect, or cure epilepsy, upon the *antiphlogistic* or *depleting* plan? Is it not as plain as the sun-light, that the *lancet* and *purgatives*, and the whole paraphernalia of *debilitants*, might be employed *ad eternum*, and the difficulty only be thus long augmenting? I have had patient after patient, who had been the whole round of this system, again and again, until they "had spent their whole living, and were nothing bettered, but rather grew worse;" and who, upon being put upon a different treatment, have soon improved: in some instances, the convulsions disappearing entirely; in others, where they had occurred once a month, the patients going, three, four or six months, without an attack. In accordance with these views are the following remarks of Dr. Badeley, on the treatment of *insanity* and *epilepsy*, and indeed all nervous diseases. "There is great expenditure of the nervous energy, where the brain is thus seriously excited; and this, in my humble opinion, is a main reason why depletion cannot be borne—why sudden prostration is likely to succeed, and why death follows fast upon it. Pinel opposed bleeding most strenuously, as tending to retard recovery, and even to render recovery doubtful. Dr. Rush was particularly blood-thirsty. Dr. Pritchard believed the cases to be very few which would yield to large depletion, and considered that the existence of the patient would be much endangered by it. Dr. Barrows, who, following the example and trusting to the experience of others, tried depletion for several years, admits that 'he discovered his error,' and changed his practice, after which he met with much better success."

Now, if I am not mistaken, Dr. Badeley has here divulged the *bane*, the *primum malum* of the medical profession, in the practice of Dr. Barrows—"following the example and trusting to the experience of others." The physicians who think of deviating from the ordinary routine of practice, or of not *following the books*, in my humble opinion, are "few and far between;" and there is a cause for this—for if a physician does thus deviate, there is danger of his losing caste, and being frowned upon by those whose *dictum* is *Judex* in high places; and never, till each physician has independence enough to use his own judgment, in the treatment of disease, can the profession hold up in its front the motto "*Excelsior,*" and be progressive.

ASIATIC CHOLERA.

[Communicated for the Boston Medical and Surgical Journal.]

Probably almost every physician on the approach of cholera the present season, asked himself the question, what remedy shall I give in the cases that may come under my care? The subscriber marked out a course for himself at the onset, and here it is, with the result:—Calomel, 20 grains; this arrested vomiting, and was retained in the stomach, with one exception, where the dose was repeated, and then retained; from 1 to 2 grs. calomel administered every hour or two, till the bowels were operated upon by the medicine. Mustard was also applied at the beginning, over the stomach and liver, and the feet put into warm water. The patient was allowed ice water to drink, one hour after the first dose of calomel was given. Calomel has a *three-fold* effect in cholera; 1st, to arrest the vomiting; 2d, to carry off foul or indigested matter; and, 3d, to cause a secretion of *bile*, which is always arrested in cholera. Four sevenths of the patients treated as above, recovered; and in every case where a secretion of bile was manifest in the stools, recovery followed.

Henry Russell, M.D.

Providence, R. I., 9th mo. 11th, 1854.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, SEPTEMBER 20, 1854.

Education of Idiots.—Until within a few years, it was supposed that any attempt to improve the condition of idiots, by a system of culture or training, would be entirely useless. But it has been fully demonstrated, that they are susceptible of being greatly improved in their mental, as well as physical condition, and the attention of philanthropists has been directed to the procuring of means to establish schools for this unfortunate class of beings. The Massachusetts School for Idiotic and Feeble-minded Youth, located in this city, which is now under the patronage of the Commonwealth, was, we believe, instituted mainly through the efforts of Dr. S. G. Howe, its president and superintendent. Under his fostering care, it seems to have accomplished, thus far, all that its most sanguine friends und supporters could expect or wish for. It now numbers forty-two pupils, thirty-one of whom are State beneficiaries, and the other eleven private pupils. Dr. Howe, in his admirable report for the present year, says that "one of the lessons learned by experience in this school is, not to rely upon first appearances; to promise little; to hope ever; to despair never. There are cases which defy calculation; for while some that seemed to promise most at first sight do not improve at all, others again, that seemed beyond hope, improve greatly."

The corner stone for an Idiot Asylum was laid at Syracuse, N. Y., last week, and for the following description of the edifice, we are indebted to the New York Standard.

"The building will be in the Italian style of architecture, and will cover a space of 70 feet by 153. The front of the building will be broken up by the projection of the wings, and the towers which will be carried to a height of 60 feet, occupying the centre of the building. The ends or wings will be four stories in height, and the centre three stories, with basement and sub-cellar under the whole. The sub-cellar will be used for storage and hot air furnaces. The basement will be divided up into kitchen, dining-rooms, wash and ironing rooms, &c. The principal story will be occupied by school-rooms, reception-rooms, and the apartments for the Superintendent. The second, third and fourth stories will be used for dormitory and other purposes. The building is well supplied with bathing-rooms and water-closets, and the system of ventilation is the most perfect that can be devised, each apartment being supplied with ventiducts for the admission of cold air. The exterior of the building will be of pressed brick, with free-stone dressing—the basement story of rusticated ashlar; and all the angles enriched with quoin-blocks of free-stone. All the windows and doors on the outside will be furnished with free-stone dressings, together with the string courses. The front entrance will be ornamented with a Doric portico; those at the north and south ends, by similar structures."

Autumnal Fevers—Health of our City.—It has been observed that autumnal fevers do not prevail with us to such an extent now, as they did some years since; and those cases which do occur. are of a milder type, and therefore are more easily managed. We believe the exemption from these fevers, as well as from much other disease, can be attributed in part to the healthful and abundant supply of pure water which is furnished our citizens. As has been before remarked in this Journal, the water "runs through our sewers, as clear as a brook;" and so long as it continues to do so, we can have no miasms generating under ground and producing disease and death. In many cities and large towns, no perfect system of sewerage has been adopted, and some of them are deficiently supplied with water, and that not of the best quality. It is not strange that in such places sickness to a considerable extent should prevail; and at this season of the year, especially, that continued fevers should be of a malignant type. Our city continues healthy; there is comparatively but little acute disease prevailing, and it can with truth be said that Boston is one of the healthiest cities in the world.

Reports of Cases by "Reform" Doctors.—It is amusing to read some of the reports of cases in the "Reform" Medical Journals, as communicated by doctors who are engaged in "reforming" medical science. For instance, a case of "gravel cured," is reported as follows. "A lady, about 65, had an attack of typhoid fever last fall. She was predisposed to erysipelas; was blistered on the hip for pain; blister raised; mortification followed, extending half way around the limb, say 12 by 14 inches in size. It healed up some; broke out again, and so continued for nearly one year. She came under my care. *I put her through a course of sprouts.* Rather up hill in its tendency, and, for variety, occasionally down hill. The sore is progressing, I hope to perfection. During this course, she passed some one hundred gravel stones, the largest about the size of *three grains of corn* (considerable pain for days). *She did not know where they came from.* White lumps of muco-purulent passed through the bowels by scores, some as large *as a hen egg.*" In the same Journal, another of these doctors reports that his wife "stuck a brass pin in her leg, on the outside, just below her knee-joint. * * * * It inflamed, rose, broke and run; *all the muscles, from the knee down to the heel,* CAME OUT"! Here is another interesting case from the same source. It appears that *the* doctor was called to a young man who had been sick six weeks, and had all that time been attended by an "Allopath." The new doctor found his patient with high fever; flesh and strength nearly gone; hip-bones protruding through the skin, "*with his bowels running off every hour or two.*" He succeeded in healing the sores about the hips and legs, and otherwise treated his patient "according to the directions laid down in your lectures upon diarrhœa" (referring to the editor, who is also a professor in one of the Physio-Medical Colleges); "but his bowels still run off." In this sad dilemma, he asks, what is to be done?—Another old gentleman who has been a reader of some of the valuable works of these reformers, took it into his head that he would enter one of their colleges as a student, that he might be better able to treat his own case; but he thought, before he did so, he would *get the canker all out of his system, as he did not want to go there full of it.* So he took three or four courses of the professor's medicine, and felt so much better, that he has been able to treat himself ever since; which must be a great loss to the College—as the words, "A Disappointment," are the caption to the old gentleman's communication.

Patronage of the London Hospitals.—There are six hundred and fifty beds in St. Bartholomew's Hospital, and it is stated that it affords relief to *ninety thousand patients annually.* This is only one of the many large hospitals in London, and it is presumed that the others receive a relative proportion of patients; it is judged, therefore, that the aggregate number of persons annually receiving relief from them all, cannot be far from half a million.

Cholera.—The Genoa Gazette announces that the municipality considered that no motive, except that of actual impossibility, can be strong enough to warrant a physician in refusing his aid during the cholera, and has determined to publish the names of those medical men who shall refuse to accept the duties which may be imposed upon them, together with the excuses they shall have alleged, so that the public may judge of their importance. It has even determined, says the same paper, in a paragraph which, from its decided tone, has every appearance of being official, to use more stringent measures still against those who shall give the pernicious example of refusing their assistance to the public.

The *Gazette des Hôpitaux* lately published a remarkable cure of cholera by mistake. Dr. Roger (de l'Ore) having been called upon to visit a patient in the worst stage of cholera, prescribed, but with scarcely the slightest hope that it would be efficacious, an emetic of one and a half gramme of ipecacuanha, to be taken in three doses (*prises*) at intervals of half an hour. The person who was charged to administer the ipecacuanha, seeing the word *prises*, and finding that the medicine was a powder, imagined it was a kind of snuff, and that the three prises meant three pinches. He consequently made the patient sniff up a third. The ipecacuanha thus administered, instead of making the patient vomit, caused him to sneeze with such force, and for so long a time, that a violent re-action took place. Heat returned to the surface, all the symptoms of cholera ceased, and when the physician paid his next visit he found the patient cured.

It has been discovered that the dreadful ravages of the cholera at Columbia, Pa., were caused by persons, who, carrying sheep on the railroad, threw into the reservoir the bodies of those that died on the route. The water has been drawn off and the putrid bodies found.

The correspondents of the English papers state that the cholera prevails in the Black Sea fleet. In one French man of war, one hundred of the crew died of the disorder in twenty-four hours. It is also stated that of 1800 French Zouvas (famous in the wars of Algiers), who advanced into the Drobudscha, only 480 returned, the rest having perished. It is also stated that 4000 French troops of the line perished in the same region.

Narrow Escape of a Physician from Lightning.—We learn from the papers, that as Dr. E. W. Stickney, of Provincetown,, was on his way to Wellfleet on Saturday afternoon, to visit a patient, he was overtaken by the storm, during which he was struck by lightning. His horse, a valuable animal, was instantly killed. The fluid struck the left arm of the doctor, which it paralyzed, and descended by the right leg, leaving its traces from the thigh to the toe, and passed off through the carriage. Strange as it may seem, Dr. Stickney was not dangerously injured, and was soon able to attend to his business, although still suffering from the effects of the stroke.

Calomel in the Treatment of Cholera.—Dr. Hunt, of the Buffalo Medical Journal, speaks as follows of the use of calomel in cholera, during another season of the epidemic. We copy it from the last number of that Journal.

"The calomel question is still open. Its advocates have given less than in previous years, while its opponents have probably given rather more. A dose of over ten grains has been very uncommon, while it has been a very general practice to give that quantity, with a grain of morphia, as a first prescription. The calomel is rarely repeated, while the morphia is usually given in smaller doses until the vomiting and purging cease. Of course, the friends of the calomel ascribe the curative effect to it, while the advocates of the morphia think that it has quite as likely been the active agent in the prescription. How to settle the question no one can tell, for no one gives the calomel alone, while but a few omit it entirely. One thing is noteworthy, the patients do not really come under the mercurial action. We have seen no one salivated, neither have we noticed the other peculiar effects upon the hepatic secretion. The course of convalescence was usually a cessation of the vomiting and purging, a return of the warmth of the skin, and a general improvement in appearance. It was remarkable that bilious or dark colored evacuations were not necessary to this result. Frequently the last discharge would be rice water, and the patient would go on convalescing for days without a movement of any kind.

"Of the treatment by small and repeated doses we know but little. It has probably found few friends, as we have heard nothing of it. It belied its promises two years ago, and the profession had little confidence in it.

"The mainstay of all methods of treatment has really been opium in moderately large doses, combined with diffusible stimulants, counter-irritation, and hot air. Perturbation by friction has been found injurious.

"There has been an unusual tendency to congestive disturbance. Contrary to previous experience, it has been found that a cessation of discharges by no means implied recovery. In very many cases where the discharges had been too small to account for unusual prostration, the patient has sunk inevitably into a collapse too deep for remedial measures. There was such an entire want of nerve force that no treatment was of any avail."

Massachusetts Medical College.—It will be observed, by reference to our advertising pages, that important changes are taking place in this medical school. The College is so far united with the Tremont Medical School that the professors in the one are instructers in the other; and when the exercises of the College terminate, those of the private school commence. We infer that a more complete course of instruction is contemplated; and in fact we have been informed that while the course of lectures at the College continues to be as complete as at any similar medical institution, the ensuing private instruction in the Tremont Street Medical School will supply such omissions as necessarily occur in every public course. This is an important step in the progress of medical education.

Resignation of Professor Channing.—We learn that Dr. Walter Channing has resigned the professorship of Midwifery and Medical Jurisprudence in the Medical School of Harvard University, and that the corporation have appointed Dr. D. Humphreys Storer, of this city, to fill the vacant chair. Dr. Channing has been long and favorably known in our community, both for his practical skill in his department, and for his philanthropic exertions in the cause of erring and suffering humanity. His fluent and pleasant teaching will be long remembered by many who have received their medical education at this College. Dr. Storer has already achieved a reputation in science, and no less a one as a popular and successful teacher and practitioner, in his especial department. We predict that his appointment will give great satisfaction to the medical profession, and especially to those most interested, the class of medical students. The College is in a highly flourishing state.

Our Foreign Exchanges.—Occasionally we hear from our European exchanges, that this Journal is not regularly received. We can assure our cotemporaries that it is regularly sent to them through one of the largest publishing houses in this city, directed to a similar London house. We think the cause of the delay must exist in London. We shall give the matter our immediate attention, and if possible prevent the recurrence of the irregularity.

Homœopathic Provings—Pillow-drinking Tubes—Optical Instruments.—A correspondent reminds us of an omission, in last week's Journal, of the frequency of the doses of pellets taken by Dr. Coxe. It should have been stated that "he repeated the sixty pellets three times a-day for four successive days."

A "Subscriber" writes us, that he is in the habit of making an article for the purpose of giving drinks to sick people, from glass tubes, which he bends to any desirable shape over the flame of a spirit lamp; and he thinks no tube can be more economical, delicate, clean or agreeable to the lips of a patient.

In the Journal of the 6th inst., in noticing the optical instruments manufactured by Mr. L. Dessauer, London street, Boston, we inadvertently gave the number of the street 4 instead of 24.

Medical Miscellany.—The yellow fever is again on the increase at the South, and also in Texas.—Sporadic cases of cholera are constantly occurring throughout the country, quite in the interior and in places distinguished for the general good health of the people; which clearly shows that an atmospheric or electrical agency is at work in producing them.—Dr. C. C. Coxe, of Easton, Md., recently performed the operation of amputating the leg at the hip-joint, with complete success. At the last account his patient was doing well.—Miss Dix, the philanthropist, has again gone to Europe on a tour of inspection of the insane hospitals there.—A butler, living with one of our opulent citizens, has commenced an action against him, in consequence of injury sustained from the drinking of wine in which tartrate of antimony had been mixed for the purpose of detecting any person in the *free* use of it.—The judge of probate of Essex county, Mass., has declared the will of Dr. Manning, of Ipswich, invalid on the ground of insanity. He left the bulk of his property to found a high school in Ipswich, disinheriting his son.—Mr. Hely, a surgeon of Ravenstone, in Leicestershire, has been killed by drinking colchicum wine—made of the seeds and roots of meadow saffron steeped in sherry. No label had been placed on the bottle, and Mr. Hely thought it was sherry.—Prof. Bartlett, of the College of Physicians and Surgeons of New York, continues too ill to lecture, and Dr. J. M. Smith will deliver the course on materia medica next winter. Prof. Clark will lecture on practice as well as pathology, while Dr. Dalton will give the course on physiology.

Pamphlets Received.—"Poisoned Wounds; their distinctive features, classification, &c., being the report of a committee to the Medical Association of Missouri, by A. F. Jeter, M.D. (chairman)." An able and exceedingly interesting paper, the reading of which afforded us much pleasure.—The Transactions of the Belmont Medical Society for 1853–54. Bridgeport, Ohio.—The fifteenth annual announcement and catalogue of the Baltimore College of Dental Surgery, session of 1854–55.—Progressive System of Medical Education of the Pennsylvania Medical University of Philadelphia, and announcement of the fall and winter session of 1854–55.

Married,—In Hancock, N. H., 7th inst., J. F. Dyer, M.D., of Annisquam, to Miss Maria Davis, of H.—At Utica, N. Y., Sept. 6th, John P. Gray, M.D., to Miss Mary Buckminster Wetmore, all of Utica.

Died.—In Bangor, Me., Sept. 11th, Dr. J. B. Fiske, an old and very much respected physician.—At Marysville, Cal., July 28th, of inflammation of the brain, Dr S. H. Baldwin, of Rose's Bar, and late of Rochester, N. Y.

Deaths in Boston for the week ending Saturday noon, Sept. 16th, 93. Males, 46—females, 47. Accident, 3—inflammation of the bowels, 5—inflammation of the brain, 1—disease of the brain, 1—congestion of the brain, 1—consumption, 15—cholera, 7—convulsions, 3—cholera infantum, 6—cholera morbus, 1—croup, 2—cancer, 1—dysentery, 6—diarrhœa, 4—dropsy in the head, 2—debility, 1—infantile diseases, 7—puerperal, 1—fever, 1—bilious fever, 1—typhus fever, 1—hooping cough, 1—disease of the heart, 1—intemperance, 2—inflammation of the lungs, 1—congestion of the lungs, 1—marasmus 3—paralysis, 1—pleurisy, 1—scrofula, 2—teething, 5—ulcer, 1—worms, 1—unknown, 3.

Under 5 years, 50—between 5 and 20 years, 10—between 20 and 40 years, 17—between 40 and 60 years, 11—above 60 years, 5. Born in the United States, 68—Ireland, 20—British Provinces, 1—Germany, 1—Portugal, 1—France, 1—Hayti, 1.

Supernumerary Toes and Fingers.—To the Editors, *&c.* As cases of "Freaks of Nature" are sometimes interesting to the curious, I will describe one on a child born in the "State Alms-House" in this place on the 5th inst.

The child (a boy) is full size, apparently well and in good condition, and has nothing about him unusual except the formation of the toes and fingers. He has *five* fingers and *one* thumb on each hand, perfectly formed, and well adapted for use. The great toe on each foot is *double*, having two well formed nails, and all the bones usual in a toe, accompanying each nail, giving the member the appearance of two toes united like a "web-foot." It is the same in regard to the next two toes on each foot, being webbed, and having a perfect nail and a full set of bones to each toe. Then in addition to these, each foot is supplied with *three* perfectly formed toes in natural order and position, making, in all, *seven toes* to each foot.

This boy, I think, will be able to "toe the mark" with success, if numbers and "union" are any indication of ability.

Tewksbwry, Mass., Sept. 7, 1854. JONATHAN BROWN.

UNIVERSITY OF NEW YORK—MEDICAL DEPARTMENT.—The regular Course of Lectures for the Session 1854—'55, will commence on Monday, Oct. 16th, and continue until the last day of February following.

Valentine Mott, M.D., LL D, Emeritus Prof. of Surgery and Surgical Anatomy, and Ex-President of the Faculty.

Martyn Paine, M.D., Prof. of Materia Medica and Therapeutics.

Gunning S. Bedford, M.D., Prof. of Midwifery.

John W. Draper, M.D., Prof. of Chemistry and Physiology.

Alfred C. Post, M.D., Prof. of Surgery.

Wm. H. Van Buren, M.D., Prof. of Anatomy.

John A. Swett, M.D., Prof. of the Institutes and Practice of Medicine.

Charles E. Isaacs, M.D., Demonstrator of Anatomy.

George A. Peters, M.D., Prosector to the Professor of Surgery.

Alexander B. Mott, M.D., Prosector to the Emeritus Professor of Surgery.

John W. Draper, M.D., *Pres. of the Faculty.*

Fee for each Professor's ticket, 15; or for a full Course of Lectures, $105. Matriculation fee, $5. Graduation fee, $30. Demonstrator's fee, $5. In consequence of the recent legalization of anatomy, subjects will be furnished to students free of charge.

There are five cliniques in the University every week. On Monday, on Obstetrics; Tuesday, Surgical; Wednesday, Medical; Thursday, clinique on diseases of Genito-Urinary Organs; Saturday, Surgical clinique. Attendance as usual in the Hospitals and Infirmaries. July 19—tL

PALMER'S PATENT ARTIFICIAL LEG—is essentially different from, and superior to every other substitute for the natural leg. At the *World's Fair*, London, 1851, it received the Prize Medal, as "the best appliance ever invented." In this country, in thirty exhibitions, in every instance it has taken the first and highest premiums as "the best." At the *Crystal Palace* (*World's Fair*), New York, it received the Silver Medal the highest award,, as "the best artificial leg." Pamphlets containing the testimonials of the first American and European surgeons, and useful information, sent *gratis* to all who apply to Palmer & Co., Springfield, Mass., or to Dr. J. Cheever, No. 1 Tremont Temple, Boston, their agent. Aug. 2—tf

N. W. & S. J. BERRY—Successors to *Philbrick, Atwood & Co.*, dealers in Drugs, Medicines and Chemicals, and manufacturers of all kinds of Pharmaceutical Preparations. Particular attention paid to the selection of fresh drugs, and pure medicines, especially for physicians' orders. Constantly on hand, Sweet Spirits Nitre made from Atwood's Alcohol; all the different preparations of Manganese; Syrup Iodide of Iron; Pure Cod-liver Oil, &c. &c. No. 160 Washington street, Boston.

Aug. 2.

COLLEGE OF PHYSICIANS AND SURGEONS, CITY OF NEW YORK.—The regular Course of Lectures for the session of 1854-'55, commences on Monday, Oct. 19, 1854, and will continue *five months*. A preliminary Course, free to all Students, will as usual be delivered, commencing early in September.

Fees for the Regular Course.—Matriculation, $5; full course of all the lectures, $105; Graduation, $25.

FACULTY.

Alexander H. Stevens, M.D., LL.D., President, and Emeritus Prof. of Surgery.

Joseph M. Smith, M.D., Prof. of the Theory and Practice of Medicine.

John Torrey, M.D., LL.D., Prof. of Chemistry and Botany.

Robert Watts, M.D., Prof. of Anatomy.

Willard Parker, M.D., Prof. of Surgery.

Chandler R. Gilman, M.D., Prof. of Obstetrics.

Alonzo Clark, M.D., Prof. of Physiology and Pathology.

Elisha Bartlett, M.D., Prof. of Materia Medica.

John A. Lidell, M D., Demonstrator of Anatomy.

Lewis A. Sayre, M.D., Prosector of Surgery.

Geo T. Elliot, M.D., Assistant to the Professor of Obstetrics.

In consequence of the continued ill health of Prof. Bartlett, the Faculty have made the following arrangements for the Session of 1854-'5:

Prof. Smith will deliver the Course on Materia Medica.

Prof. Clark that on Practice of Medicine, resigning the Course on Physiology to

Prof. John C. Dalton, of Buffalo University.

James Knox, Janitor, resides in the College, No. 67 Crosby street, and will aid Students in obtaining board, &c.

June 28—tO 19

SICHEL ON SPECTACLES.—"Spectacles; *Their uses and abuses.*" Translated by H. W. Williams, M.D. This treatise emanates from the highest authority in ocular hygiene, and is the only work on this subject accessible to the profession. For sale by G. W. Briggs and A. D. Putnam, 456 Washington st. Pp. 202, 8vo. Price 75 cts., cloth.

"This book is a great desideratum, for there is much mischief done, and much sight abridged, from lack of knowledge in the treatment and care of this most useful and tender of the five senses."—*National Intelligencer.* Sept. 6—6m

TO THE MEDICAL PROFESSION.—The Subscriber, having resumed the practice of his profession, will devote himself to the Diagnosis and Treatment of Thoracic Diseases. He will visit for consultation any of the New England States. His office hours, in the city, will be from 11 A.M. until 1 P.M., at 8 Otis Place. He will likewise receive private pupils by the year. Terms, $100.

HENRY I. BOWDITCH.

Boston, Oct. 6, 1852. tf